No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15320

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 153

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Charles E Still Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Russellville, 0260 1
d. STREET ADDRESS (If rural, give location): _____

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Lydia
c. (Last): Koestner

4. DATE OF DEATH (Month) (Day) (Year): June 2 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 28 1913
9. AGE (In years last birthday): 41 | IF UNDER 1 YEAR Months: 1 | Days: 4 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): McGirk, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Earl Allen
13b. MOTHER'S MAIDEN NAME: Lydia Siebert
14. NAME OF HUSBAND OR WIFE: Walter Koestner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Walter Koestner
ADDRESS: Russellville, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Posterior Infarction — 24-48 hr
DUE TO (c): Essential Hypertension — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 1954, *to* June 2, 1954, *that I last saw the deceased alive on* June 2, 1954, *and that death occurred at* 12:32 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. M. Eberhart D.O.
23b. ADDRESS: Russellville Mo
23c. DATE SIGNED: 6/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 4 54
24c. NAME OF CEMETERY OR CREMATORY: Trinity Ev Luth
24d. LOCATION (City, town, or county) (State): Russellville Mo

DATE REC'D BY LOCAL REG.: June 5-1954 + Cert recd 8-1954
REGISTRAR'S SIGNATURE: R. P. Dorris 68-5 Md. DNR
25. FUNERAL DIRECTOR'S SIGNATURE: Hugo H Schubert
ADDRESS: Russellville Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 6 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Hugo H Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville Ala

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.